

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 14 P 3:12
COUNTY (Ethics Commission filers)

Total pages filed:

4

3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
		NICKNAME	LAST	SUFFIX			
			HOWARD	W			
			Peak				
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		238 MEDFORD Dr. San Antonio, Texas 78209					
5	CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		(210)	826-5481				
6	CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
		NICKNAME	LAST	SUFFIX			
			CHARLIE				
			AMATO				
7	CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
		9311 San Pedro San Antonio, Texas 78216					
8	CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
		(210)	525 1241				
9	REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)					
		<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)					
10	PERIOD COVERED	Month	Day	Year	Month	Day	Year
		7	1	04	THROUGH	12	31
11	ELECTION	ELECTION DATE			ELECTION TYPE		
		Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> General
12	OFFICE	OFFICE HELD (if any)					
		13 OFFICE SOUGHT (if known)					
14	NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..					
		Name					
		Address / PO Box; Apt. / Suite #; City; State; Zip Code					

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Howard W. Peek

2005 JAN 14 10:31 AM

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

1125.00

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

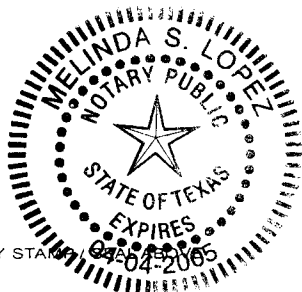
\$

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



AFFIX NOTARY STAMP

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Howard Peek, this the 14th day of January, 20 05, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

2005 JAN 14 P 3-12
Total pages: 3 Schedule G

2 FILER NAME

Howard W. Peak

3 ACCOUNT # (Ethics Commission filers)

4 Date

9/15

5 Payee name

FOR LOVE OF Kids and Harleys

6 Payee address; City; State; Zip Code

320 E. NAKOMA SAN ANTONIO TX 78216

8 Amount (\$)

1000.00

7 Purpose of expenditure (See instructions regarding type of information required.)

DONATION

☒ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED



NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

RECEIVED SCHEDULE I
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule I
2005 JAN 14 P 3:12

2 FILER NAME

Howard W. Peak

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/8

5 Payee name

BEXAR LAND TRUST

6 Payee address; City; State; Zip Code

P.O. Box 15677, SAN ANTONIO TX 78212

8 Amount (\$)

125.00

7 Purpose of expenditure (See instructions regarding type of information required.)

DONATION

Date

9/15

Payee name

Howard W. Peak

Payee address; City; State; Zip Code

238 MEDFORD Dr., SAN ANTONIO TX 78209

Amount (\$)

1000.00

Purpose of expenditure (See instructions regarding type of information required.)

REIMBURSEMENT - SEE SCHEDULE G.

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

Date

Payee name

Payee address; City; State; Zip Code

Amount (\$)

Purpose of expenditure (See instructions regarding type of information required.)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

